

## Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan									Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered	
BARNSTABLE	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$83.00	-									
		Medicare HMO Blue	•						\$110.00	\$27.07	•			•			88	•	
		Medicare HMO Blue	•						\$125.00	\$41.84	•			•	•		88	•	
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$101.00	-									
		Medicare PPO Blue		•					\$128.00	\$27.08	•			•			88	•	
		Medicare PPO Blue		•					\$143.00	\$41.84	•			•	•		88	•	
	Tufts Health Plan	Medicare Preferred HMO Value	•						\$32.00	-									
		Medicare Preferred HMO Prime	•						\$50.00	-									
		Medicare Preferred HMO Value Rx	•						\$52.00	\$19.55	•			•			96	•	
		Medicare Preferred HMO Value Rx Plus	•						\$67.00	\$35.37	•			•	•		96	•	
		Medicare Preferred HMO Prime Rx	•						\$70.00	\$19.55	•			•			96	•	
		Medicare Preferred HMO Prime Rx Plus	•						\$85.00	\$35.37	•			•	•		96	•	
		Medicare Preferred PPO		•					\$91.00	-									
		Medicare Preferred PPO Rx		•					\$111.00	\$19.55	•			•			96	•	
		Medicare Preferred PPO Rx Plus		•					\$126.00	\$35.37	•			•	•		96	•	
BRISTOL	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$83.00	-									
		Medicare HMO Blue	•						\$110.00	\$27.07	•			•			88	•	
		Medicare HMO Blue	•						\$125.00	\$41.84	•			•	•		88	•	
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$101.00	-									
		Medicare PPO Blue		•					\$128.00	\$27.08	•			•			88	•	
		Medicare PPO Blue		•					\$143.00	\$41.84	•			•	•		88	•	
	Senior Whole Health	Senior Whole Health						•	\$17.33	\$17.33			•	•			80	•	
	Tufts Health Plan	Medicare Preferred HMO Value	•						\$58.00	-									
		Medicare Preferred HMO Value Rx	•						\$78.00	\$19.55	•			•			96	•	
		Medicare Preferred PPO		•					\$91.00	-									
		Medicare Preferred HMO Value Rx Plus	•						\$93.00	\$35.37	•			•	•		96	•	
		Medicare Preferred HMO Prime	•						\$96.00	-									
		Medicare Preferred PPO Rx		•					\$111.00	\$19.55	•			•			96	•	
		Medicare Preferred HMO Prime Rx	•						\$116.00	\$19.55	•			•			96	•	
		Medicare Preferred PPO Rx Plus		•					\$126.00	\$35.37	•			•	•		96	•	
		Medicare Preferred HMO Prime Rx Plus	•						\$131.00	\$35.37	•			•	•		96	•	
	United Health Group	Evercare Mass SCO						•	\$14.16	\$14.16	•			•			97	•	
	United Healthcare Insurance Company	Evercare Plan IP		•					\$28.42	\$28.42	•			•			97	•	
DUKES	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
ESSEX	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•					\$92.00	-									
		Medicare HMO Blue	•					\$120.00	\$27.30	•			•			88	•	
		Medicare HMO Blue	•					\$134.00	\$41.75	•			•	•		88	•	
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•				\$111.00	-									
		Medicare PPO Blue		•				\$138.00	\$27.31	•			•			88	•	
		Medicare PPO Blue		•				\$153.00	\$41.75	•			•	•		88	•	
	Commonwealth Care Alliance	Commonwealth Care Connection	•					\$15.12	\$15.12			•				79	•	
	Commonwealth Care Alliance, Inc.	Senior Care Options Program					•	\$29.52	\$29.52			•				79	•	
	Harvard Pilgrim Health Care	First Seniority	•					\$22.18	\$22.18	•			•			100	•	
		First Seniority MA Only	•					\$96.00	-									
		First Seniority	•					\$121.00	\$22.18			•	•			100	•	
	Senior Whole Health	Senior Whole Health					•	\$17.33	\$17.33			•				80	•	
	Tufts Health Plan	Medicare Preferred HMO Value	•					\$78.00	-									
		Medicare Preferred HMO Prime	•					\$96.00	-									
		Medicare Preferred HMO Value Rx	•					\$98.00	\$19.55	•			•			96	•	
		Medicare Preferred PPO		•				\$101.00	-									
		Medicare Preferred HMO Value Rx Plus	•					\$113.00	\$35.37	•			•	•		96	•	
		Medicare Preferred HMO Prime Rx	•					\$116.00	\$19.55	•			•			96	•	
		Medicare Preferred PPO Rx		•				\$121.00	\$19.55	•			•			96	•	
		Medicare Preferred HMO Prime Rx Plus	•					\$131.00	\$35.37	•			•	•		96	•	
		Medicare Preferred PPO Rx Plus		•				\$136.00	\$35.37	•			•	•		96	•	
	United Health Group	Evercare Mass SCO					•	\$14.16	\$14.16	•			•			97	•	
	United Healthcare Insurance Company	Evercare Plan IP		•				\$28.42	\$28.42	•			•			97	•	
		Evercare Plan DP		•				\$30.27	\$30.27	•			•			97	•	
		Erickson Advantage No Rx					•	\$90.00	-									
		Erickson Advantage					•	\$132.00	\$41.66	•			•			97	•	

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
FRANKLIN	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$81.00	-								
		Medicare HMO Blue	•						\$108.00	\$27.23	•			•			88	•
		Medicare HMO Blue	•						\$122.00	\$41.71	•			•	•		88	•
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$96.00	-								
		Medicare PPO Blue		•					\$123.00	\$27.23	•			•			88	•
		Medicare PPO Blue		•					\$137.00	\$41.71	•			•	•		88	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	•						\$0.00	-				•				
		Fallon Senior Plan Value	•						\$29.00	\$28.77				•	•		97	•
		Fallon Senior Plan Saver Basic Rx	•						\$30.00	\$30.00				•	•		97	•
		Fallon Senior Plan Standard	•						\$40.00	-								
		Fallon Senior Plan Saver Enhanced Rx	•						\$47.00	\$47.00	•			•			97	•
		Fallon Senior Plan Plus	•						\$70.00	-								
		Fallon Senior Plan Standard Basic Rx	•						\$71.00	\$31.24				•	•		97	•
		Fallon Senior Plan Standard Enhanced Rx	•						\$87.00	\$46.82	•			•			97	•
		Fallon Senior Plan Plus Basic Rx							\$101.00	\$30.99				•	•		97	•
		Fallon Senior Plan Plus Enhanced Rx	•						\$117.00	\$46.41	•			•			97	•
		Fallon Senior Plan Preferred		•					\$135.00	-								
		Fallon Senior Plan Preferred Basic Rx		•					\$166.00	\$30.99				•	•		97	•
		Fallon Senior Plan Preferred Enhanced Rx		•					\$182.00	\$46.41	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
HAMPDEN	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$81.00	-								
		Medicare HMO Blue	•						\$108.00	\$27.23	•			•			88	•
		Medicare HMO Blue	•						\$122.00	\$41.71	•			•	•		88	•
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$96.00	-								
		Medicare PPO Blue		•					\$123.00	\$27.23	•			•			88	•
		Medicare PPO Blue		•					\$137.00	\$41.71	•			•	•		88	•
	Commonwealth Care Alliance	Commonwealth Care Connection	•						\$15.12	\$15.12			•				79	•
	Commonwealth Care Alliance, Inc.	Senior Care Options Program					•		\$29.52	\$29.52			•				79	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	•						\$0.00	-								
		Fallon Senior Plan Value	•						\$29.00	\$28.77			•	•			97	•
		Fallon Senior Plan Saver Basic Rx	•						\$30.00	\$30.00			•	•			97	•
		Fallon Senior Plan Standard	•						\$40.00	-								
		Fallon Senior Plan Saver Enhanced Rx	•						\$47.00	\$47.00	•			•			97	•
		Fallon Senior Plan Plus	•						\$70.00	-								
		Fallon Senior Plan Standard Basic Rx	•						\$71.00	\$31.24			•	•			97	•
		Fallon Senior Plan Standard Enhanced Rx	•						\$87.00	\$46.82	•			•			97	•
		Fallon Senior Plan Plus Basic Rx	•						\$101.00	\$30.99			•	•			97	•
		Fallon Senior Plan Plus Enhanced Rx	•						\$117.00	\$46.41	•			•			97	•
		Fallon Senior Plan Preferred		•					\$135.00	-								
		Fallon Senior Plan Preferred Basic Rx		•					\$166.00	\$30.99			•	•			97	•
		Fallon Senior Plan Preferred Enhanced Rx		•					\$182.00	\$46.41	•			•			97	•
	Tufts Health Plan	Medicare Preferred HMO Value	•						\$37.00	-								
		Medicare Preferred HMO Value Rx	•						\$57.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Value Rx Plus	•						\$72.00	\$35.37	•			•	•		96	•
		Medicare Preferred HMO Prime	•						\$75.00	-								
		Medicare Preferred PPO		•					\$81.00	-								
		Medicare Preferred HMO Prime Rx	•						\$95.00	\$19.55	•			•			96	•
		Medicare Preferred PPO Rx		•					\$101.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Prime Rx Plus	•						\$110.00	\$35.37	•			•	•		96	•
		Medicare Preferred PPO Rx Plus		•					\$116.00	\$35.37	•			•	•		96	•
	United Health Group	Evercare Mass SCO					•		\$14.16	\$14.16	•			•			97	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$28.42	\$28.42	•			•			97	•
		Evercare Plan DP		•					\$30.27	\$30.27	•			•			97	•

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
HAMPSHIRE	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$81.00	-								
		Medicare HMO Blue	•						\$108.00	\$27.23	•			•			88	•
		Medicare HMO Blue	•						\$122.00	\$41.71	•			•	•		88	•
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$96.00	-								
		Medicare PPO Blue		•					\$123.00	\$27.23	•			•			88	•
		Medicare PPO Blue		•					\$137.00	\$41.71	•			•	•		88	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	•						\$0.00	-								
		Fallon Senior Plan Value	•						\$29.00	\$28.77			•	•			97	•
		Fallon Senior Plan Saver Basic Rx	•						\$30.00	\$30.00			•	•			97	•
		Fallon Senior Plan Standard	•						\$40.00	-								
		Fallon Senior Plan Saver Enhanced Rx	•						\$47.00	\$47.00	•			•			97	•
		Fallon Senior Plan Plus	•						\$70.00	-								
		Fallon Senior Plan Standard Basic Rx	•						\$71.00	\$31.24				•			97	•
		Fallon Senior Plan Standard Enhanced Rx	•						\$87.00	\$46.82	•			•			97	•
		Fallon Senior Plan Plus Basic Rx	•						\$101.00	\$30.99			•	•			97	•
		Fallon Senior Plan Plus Enhanced Rx	•						\$117.00	\$46.41	•			•			97	•
		Fallon Senior Plan Preferred		•					\$135.00	-				•				
		Fallon Senior Plan Preferred Basic Rx		•					\$166.00	\$30.99				•			97	•
		Fallon Senior Plan Preferred Enhanced Rx		•					\$182.00	\$46.41	•			•			97	•

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MIDDLESEX	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•					\$92.00	-									
		Medicare HMO Blue	•					\$120.00	\$27.30	•			•			88	•	
		Medicare HMO Blue	•					\$134.00	\$41.75	•			•	•		88	•	
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•				\$111.00	-									
		Medicare PPO Blue		•				\$138.00	\$27.31	•			•			88	•	
		Medicare PPO Blue		•				\$153.00	\$41.75	•			•	•		88	•	
	Commonwealth Care Alliance	Commonwealth Care Connection	•				•	\$15.12	\$15.12			•				79	•	
	Commonwealth Care Alliance, Inc.	Senior Care Options Program						\$29.52	\$29.52			•				79	•	
	Fallon Community Health Plan	Fallon Senior Plan Saver	•					\$0.00	-									
		Fallon Senior Plan Value	•					\$29.00	\$28.77			•	•			97	•	
		Fallon Senior Plan Saver Basic Rx	•					\$30.00	\$30.00			•	•			97	•	
		Fallon Senior Plan Standard	•					\$40.00	-									
		Fallon Senior Plan Saver Enhanced Rx	•					\$47.00	\$47.00	•			•			97	•	
		Fallon Senior Plan Plus	•					\$70.00	-									
		Fallon Senior Plan Standard Basic Rx	•					\$71.00	\$31.24			•	•			97	•	
		Fallon Senior Plan Standard Enhanced Rx	•					\$87.00	\$46.82	•			•			97	•	
		Fallon Senior Plan Plus Basic Rx	•					\$101.00	\$30.99			•	•			97	•	
		Fallon Senior Plan Plus Enhanced Rx	•					\$117.00	\$46.41	•			•			97	•	
		Fallon Senior Plan Preferred		•				\$135.00	-									
		Fallon Senior Plan Preferred Basic Rx		•				\$166.00	\$30.99			•	•			97	•	
		Fallon Senior Plan Preferred Enhanced Rx		•				\$182.00	\$46.41	•			•			97	•	
	Harvard Pilgrim Health Care	First Seniority	•					\$22.18	\$22.18	•			•			100	•	
		First Seniority MA Only	•					\$96.00	-									
		First Seniority	•					\$121.00	\$22.18			•	•			100	•	
	Senior Whole Health	Senior Whole Health					•	\$17.33	\$17.33			•				80	•	
	Tufts Health Plan	Medicare Preferred HMO Value	•					\$49.00	-									
		Medicare Preferred HMO Value Rx	•					\$69.00	\$19.55	•			•			96	•	
		Medicare Preferred HMO Value Rx Plus	•					\$84.00	\$35.37	•			•	•		96	•	
		Medicare Preferred HMO Prime	•					\$87.00	-									
		Medicare Preferred PPO		•				\$91.00	-									
		Medicare Preferred HMO Prime Rx	•					\$107.00	\$19.55	•			•			96	•	
		Medicare Preferred PPO Rx		•				\$111.00	\$19.55	•			•			96	•	
		Medicare Preferred HMO Prime Rx Plus	•					\$122.00	\$35.37	•			•	•		96	•	
		Medicare Preferred PPO Rx Plus		•				\$126.00	\$35.37	•			•	•		96	•	
	United Health Group	Evercare Mass SCO					•	\$14.16	\$14.16				•			97	•	
	United Healthcare Insurance Company	Evercare Plan IP		•				\$28.42	\$28.42	•			•			97	•	
		Evercare Plan DP		•				\$30.27	\$30.27	•			•			97	•	

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County	Organization Name	Plan Name																
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		Medicare HMO Blue	•					\$120.00	\$27.30	•				•		88	•	
		Medicare HMO Blue	•					\$134.00	\$41.75	•				•	•	88	•	
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•				\$111.00	-									
		Medicare PPO Blue		•				\$138.00	\$27.31	•				•		88	•	
		Medicare PPO Blue		•				\$153.00	\$41.75	•				•	•	88	•	
	Commonwealth Care Alliance	Commonwealth Care Connection	•					\$15.12	\$15.12			•				79	•	
	Commonwealth Care Alliance, Inc.	Senior Care Options Program					•	\$29.52	\$29.52			•				79	•	
	Fallon Community Health Plan	Fallon Senior Plan Saver	•					\$0.00	-									
		Fallon Senior Plan Value	•					\$29.00	\$28.77			•		•		97	•	
		Fallon Senior Plan Saver Basic Rx	•					\$30.00	\$30.00			•		•		97	•	
		Fallon Senior Plan Standard	•					\$40.00	-									
		Fallon Senior Plan Saver Enhanced Rx	•					\$47.00	\$47.00	•				•		97	•	
		Fallon Senior Plan Plus	•					\$70.00	-									
		Fallon Senior Plan Standard Basic Rx	•					\$71.00	\$31.24			•		•		97	•	
		Fallon Senior Plan Standard Enhanced Rx	•					\$87.00	\$46.82	•				•		97	•	
		Fallon Senior Plan Plus Basic Rx	•					\$101.00	\$30.99			•		•		97	•	
		Fallon Senior Plan Plus Enhanced Rx	•					\$117.00	\$46.41	•				•		97	•	
		Fallon Senior Plan Preferred		•				\$135.00	-									
		Fallon Senior Plan Preferred Basic Rx	•	•				\$166.00	\$30.99			•		•		97	•	
		Fallon Senior Plan Preferred Enhanced Rx		•				\$182.00	\$46.41	•				•		97	•	
	Harvard Pilgrim Health Care	First Seniority	•					\$22.18	\$22.18	•				•		100	•	
		First Seniority MA Only	•					\$96.00	-									
		First Seniority	•					\$121.00	\$22.18			•		•		100	•	
	Senior Whole Health	Senior Whole Health					•	\$17.33	\$17.33			•				80	•	
	Tufts Health Plan	Medicare Preferred HMO Value	•					\$32.00	-									
		Medicare Preferred HMO Prime	•					\$50.00	-									
		Medicare Preferred HMO Value Rx	•					\$52.00	\$19.55	•				•		96	•	
		Medicare Preferred HMO Value Rx Plus	•					\$67.00	\$35.37	•				•	•	96	•	
		Medicare Preferred HMO Prime Rx	•					\$70.00	\$19.55	•				•		96	•	
		Medicare Preferred HMO Prime Rx Plus	•					\$85.00	\$35.37	•				•	•	96	•	
		Medicare Preferred PPO		•				\$101.00	-									
		Medicare Preferred PPO Rx		•				\$121.00	\$19.55	•				•		96	•	
		Medicare Preferred PPO Rx Plus		•				\$136.00	\$35.37	•				•	•	96	•	
	United Health Group	Evercare Mass SCO					•	\$14.16	\$14.16	•				•		97	•	
	United Healthcare Insurance Company	Evercare Plan IP		•				\$28.42	\$28.42	•				•		97	•	
		Evercare Plan DP		•				\$30.27	\$30.27	•				•		97	•	

## Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
PLYMOUTH	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$83.00	-								
		Medicare HMO Blue	•						\$110.00	\$27.07	•			•			88	•
		Medicare HMO Blue	•						\$125.00	\$41.84	•			•	•		88	•
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$101.00	-								
		Medicare PPO Blue		•					\$128.00	\$27.08	•			•			88	•
		Medicare PPO Blue		•					\$143.00	\$41.84	•			•	•		88	•
	Commonwealth Care Alliance	Commonwealth Care Connection	•						\$15.12	\$15.12				•			79	•
	Commonwealth Care Alliance, Inc.	Senior Care Options Program					•		\$29.52	\$29.52				•			79	•
	Tufts Health Plan	Medicare Preferred HMO Value	•						\$32.00	-								
		Medicare Preferred HMO Prime	•						\$50.00	-								
		Medicare Preferred HMO Value Rx	•						\$52.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Value Rx Plus	•						\$67.00	\$35.37	•			•	•		96	•
		Medicare Preferred HMO Prime Rx	•						\$70.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Prime Rx Plus	•						\$85.00	\$35.37	•			•	•		96	•
		Medicare Preferred PPO		•					\$101.00	-								
		Medicare Preferred PPO Rx		•					\$121.00	\$19.55	•			•			96	•
		Medicare Preferred PPO Rx Plus		•					\$136.00	\$35.37	•			•	•		96	•
	United Health Group	Evercare Mass SCO						•	\$14.16	\$14.16	•			•			97	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$28.42	\$28.42	•			•			97	•
		Evercare Plan DP		•					\$30.27	\$30.27	•			•			97	•
		Erickson Advantage No Rx						•	\$90.00	-								
		Erickson Advantage						•	\$132.00	\$41.66	•			•			97	•



## Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
SUFFOLK	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$92.00	-								
		Medicare HMO Blue	•						\$120.00	\$27.30	•			•			88	•
		Medicare HMO Blue	•						\$134.00	\$41.75	•			•	•		88	•
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$111.00	-								
		Medicare PPO Blue		•					\$138.00	\$27.31	•			•			88	•
		Medicare PPO Blue		•					\$153.00	\$41.75	•			•	•		88	•
	Commonwealth Care Alliance	Commonwealth Care Connection	•						\$15.12	\$15.12			•				79	•
	Commonwealth Care Alliance, Inc.	Senior Care Options Program					•		\$29.52	\$29.52			•				79	•
	Harvard Pilgrim Health Care	First Seniority	•						\$22.18	\$22.18	•			•			100	•
		First Seniority MA Only	•						\$96.00	-								
		First Seniority	•						\$121.00	\$22.18			•	•			100	•
	Senior Whole Health	Senior Whole Health					•		\$17.33	\$17.33			•				80	•
	Tufts Health Plan	Medicare Preferred HMO Value	•						\$49.00	-								
		Medicare Preferred HMO Value Rx	•						\$69.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Value Rx Plus	•						\$84.00	\$35.37	•			•	•		96	•
		Medicare Preferred HMO Prime	•						\$87.00	-								
		Medicare Preferred PPO		•					\$101.00	-								
		Medicare Preferred HMO Prime Rx	•						\$107.00	\$19.55	•			•			96	•
		Medicare Preferred PPO Rx		•					\$121.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Prime Rx Plus	•						\$122.00	\$35.37	•			•	•		96	•
		Medicare Preferred PPO Rx Plus		•					\$136.00	\$35.37	•			•	•		96	•
	United Health Group	Evercare Mass SCO					•		\$14.16	\$14.16	•			•			97	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$28.42	\$28.42	•			•			97	•
		Evercare Plan DP		•					\$30.27	\$30.27	•			•			97	•

## Massachusetts Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										
WORCESTER	Blue Cross & Blue Shield-Massachusetts	Medicare HMO Blue	•						\$98.00	-								
		Medicare HMO Blue	•						\$126.00	\$27.42	•			•			88	•
		Medicare HMO Blue	•						\$140.00	\$41.76	•			•	•		88	•
	Blue Cross And Blue Shield Of Massachusetts, Inc.	Medicare PPO Blue		•					\$113.00	-								
		Medicare PPO Blue		•					\$141.00	\$27.41	•			•			88	•
		Medicare PPO Blue		•					\$155.00	\$41.76	•			•	•		88	•
	Fallon Community Health Plan	Fallon Senior Plan Saver	•						\$0.00	-								
		Fallon Senior Plan Value	•						\$29.00	\$28.77			•	•			97	•
		Fallon Senior Plan Saver Basic Rx	•						\$30.00	\$30.00			•	•			97	•
		Fallon Senior Plan Standard	•						\$40.00	-								
		Fallon Senior Plan Saver Enhanced Rx	•						\$47.00	\$47.00	•			•			97	•
		Fallon Senior Plan Plus	•						\$70.00	-								
		Fallon Senior Plan Standard Basic Rx	•						\$71.00	\$31.24			•	•			97	•
		Fallon Senior Plan Standard Enhanced Rx	•						\$87.00	\$46.82	•			•			97	•
		Fallon Senior Plan Plus Basic Rx	•						\$101.00	\$30.99			•	•			97	•
		Fallon Senior Plan Plus Enhanced Rx	•						\$117.00	\$46.41	•			•			97	•
		Fallon Senior Plan Preferred		•					\$135.00	-								
		Fallon Senior Plan Preferred Basic Rx		•					\$166.00	\$30.99			•	•			97	•
		Fallon Senior Plan Preferred Enhanced Rx		•					\$182.00	\$46.41	•			•			97	•
	Tufts Health Plan	Medicare Preferred HMO Value	•						\$47.00	-								
		Medicare Preferred HMO Value Rx	•						\$67.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Value Rx Plus	•						\$82.00	\$35.37	•			•	•		96	•
		Medicare Preferred HMO Prime	•						\$85.00	-								
		Medicare Preferred PPO		•					\$91.00	-								
		Medicare Preferred HMO Prime Rx	•						\$105.00	\$19.55	•			•			96	•
		Medicare Preferred PPO Rx		•					\$111.00	\$19.55	•			•			96	•
		Medicare Preferred HMO Prime Rx Plus	•						\$120.00	\$35.37	•			•	•		96	•
		Medicare Preferred PPO Rx Plus		•					\$126.00	\$35.37	•			•	•		96	•
	United Health Group	Evercare Mass SCO						•	\$14.16	\$14.16	•			•			97	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$28.42	\$28.42	•			•			97	•
		Evercare Plan DP		•					\$30.27	\$30.27	•			•			97	•